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LUNACY LEGISLATION
IN
CAPE COLONY.

By T. DUNCAN GREENLEES,
M.B., Edin., F.R.S., Edin.,

Medical Superintendent, Grahamstown Asylum, etc.

Being a Paper read at the Fourth South African
Medical Congress, held in Grahamstown,
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REMARKS ON LUNACY LEGISLATION IN CAPE COLONY.*

It would seem as though the care of the insane, in all young countries, is characterised by a certain amount of indifference and neglect, and Cape Colony forms no exception to this rule. And this is the more strange because those who, for some years past, have mainly formed the increasing population of this colony, are immigrants from countries where the care of the insane is recognised as an important function of the State, and where this responsibility is borne willingly by the people. It could hardly be expected that the original inhabitants of this Country should have shown advanced ideas on this subject, seeing they were a scattered population, and the apparent need for any special treatment of their mentally afflicted relatives never seems to have occurred to them. This lack of interest, arising originally with the people, naturally in time conveyed itself to the legislature; and, accordingly, until 1879, nothing seems to have been done in the matter.

The Institution on Robben Island may be taken as an excellent type, illustrating the paternal care exercised over the insane in past years in this Country, and for many years it was the only retreat—if we except the Gaols—for persons suffering from this sad disease. The walls, the asphalted yards, the prison-like doors, the cage, and the absence of things that tend to beautify a place, and elevate the mind to the admiration of the beautiful, are all existing at the present day, and are relics of a time when it was considered that to be insane was to be guilty of a crime, and its only cure was punishment. This indifference and neglect has, within the past few years, been supplanted by a careful nurturing supervision, and an active philanthropy, on the part both of Parliament and the people, that augurs well for the future happiness of the mentally afflicted.

* Being a Paper read at the Fourth South African Medical Congress held in Grahamstown, December, 1896.

It should not be forgotten, nevertheless, that there were a few, in those dark days, who felt a keen sympathy for suffering humanity, and whose whole energies were devoted to improving their condition. These philanthropic statesmen, however, were like men groping in the dark, without a guide to direct them in bringing to a successful issue their theories as to the actual needs of the insane. This is amply proved by the fact that, as the result of an agitation, early in the eighties, Parliament voted a sum of money to build an Asylum on the main land ; a Commission was appointed, and plans were drawn up. These plans revealed a total ignorance, on the part of the architect, of the nature of the requirements of the insane ; he shows the idiotic and convalescent lunatics herded together in one yard, and the recent and acute cases, and the infirm and feeble in another closed airing court. Fortunately for the insane, who might well have prayed to be saved from their friends, these plans were never sanctioned ; a procrastinating legislature for once proving the justification of our Colonial motto—"haste slowly." Then for a few years the interest the public took in the insane showed itself by the appointment of Commissions of Inquiry, which resulted in much talk, much print, many recommendations, but few improvements ! It would seem as though the Colonial exchequer could not stand a heavier drain than the cost of these various Commissions, and that, accordingly, no money was left to carry out their recommendations. As an outcome of these series of agitations, however, some good resulted, for the Government decided upon appointing a gentleman, experienced in the modern treatment of insanity, as Inspector of Asylums, and in Dr. Dodds they have secured a man thoroughly experienced, and whose heart is in his work. Under such an officer it can hardly be wondered at that the history of the care of the insane in this Colony has advanced by strides and bounds, so that it might almost be said that, during the past seven years, we have emerged from the darkness and ignorance of the middle ages, to the bright sunlight of *fin de Siecle*.

The history of lunacy legislation is soon told, and lunacy legislation in this Country itself is characterised by its simplicity. Previous to 1879 I presume the common law dealt with cases of insanity, for there was no law regulating their care and detention.

And yet in those days we have evidences of patients being placed in Asylums without any legal documents whatever—this refers to patients who were not criminals. The Lunacy Act No. 20 of 1879, was the first endeavour, in the history of this Colony, to bring the insane under legal cognizance, and this Act was as unfair to the lunatic as it was to those who had charge of him.

Under its provisions it was necessary that a lunatic should be converted into a criminal before steps could be taken to arrest and detain him legally, and the crime he was usually guilty of “under circumstances indicating derangement of mind” was one that is no doubt common to all the insane.

Such persons, whether they happened to be “dangerous lunatics or dangerous idiots”—unfortunate classification—were charged before a magistrate with this crime, (?) who, on the evidence of two medical practitioners, was empowered to commit the prisoner to some hospital—almost invariably the gaol—and the lunatic was to be there detained until liberated by an order of the Court (probably a rather expensive procedure in those days) or transferred to some asylum, by warrant of the Governor. This was the method usually adopted when the law was carried out; but it was soon recognised that there were many cases of insanity whom it was not deemed advisable should be branded as criminals, previous to their being sent to an asylum for medical treatment. These cases, which formed the majority, were, therefore, sent to asylums on two medical certificates, a magistrate’s statement, and authority of the Colonial Secretary, after a due inspection of the papers by the Medical Council of that day. It will be observed that there was no provision in the Act dealing with the admission to, and detention in, asylums by this method; accordingly, in a test case before the Supreme Court, the judges wisely decided that all lunatics detained in asylums etc., under the Colonial Secretary’s authority were detained illegally, and were being detained at the risk of the authorities. This action opened the eyes of the Government to the lax methods adopted, which they themselves had introduced, and in 1891, they laid before Parliament an Act to amend the law relating to lunatics, which was duly promulgated on the 15th March, 1892. It is under the provisions of this Act that the insane of this country are admitted and detained in asylums, hospitals etc., at the present time. Unfortunately, although an improve-

ment on the state of affairs under the Act of 1879, this Act seems to have been drawn up and rushed through Parliament hurriedly, and without consulting fully those who had experience of the requirements for the insane in this country. As a result, it is a curious mixture, with little originality, of English, Scotch and Australian legal enactments; and, but for the innumerable regulations, framed under its provisions, it could never have worked so smoothly as it seems to have done during the past five years.

Briefly the Act may be described as consisting of three sections—

1. Relating to dangerous lunatics.
2. Relating to criminal lunatics.
3. Relating to ordinary lunatics.

When compared with the Act of 1879, it is seen that here we have an additional section referring to the insane who are neither dangerous nor criminal, and which I have classified, for brevity's sake, "ordinary lunatics."

Lunatics dealt with under the provisions of part 3, viz., "ordinary" lunatics, may be detained for a period, not exceeding one month, on the authority of a reception order issued by a magistrate. If it is deemed necessary that the patient should be detained longer, then an order of Court is requisite, and this order may authorise detention for a limited time, or it may merely state that it is to be in force until the patient has recovered, or until he be otherwise legally discharged. This provision in the Act is an excellent one; it gives the public a feeling of security that the liberty of the subject is, in this country, held sacred, and cannot be interfered with without a reasonable cause; and, to still further support this feeling, a Government official, attached to each of the Courts, is appointed Curator to all lunatics detained under the jurisdiction of the Court to which he is attached. It is well known that in England the idea is still prevalent, and is frequently being brought to notice by such papers as "Truth," etc., that persons are sometimes incarcerated in asylums who are perfectly sane. In this respect, I think he would be a bold asylum physician who could successfully evade the intricacies of the Lunacy Act, as it at present exists in England, and detain under his care a person who was not insane.

The classification of lunatics into “dangerous and non-dangerous” or “ordinary” lunatics is not to be recommended, either from a legal or scientific standpoint. It is generally recognised, in all forms of insanity, that the test point used in deciding whether a case shall or shall not go to an asylum, is the dangerousness or otherwise of the patient. It is only when a patient becomes dangerous to himself or others that the law steps in and deals with the case, and in patients discharged recovered, a medical certificate is called for “that he may be set at liberty without danger to himself or others.” It is thus seen that to make a special section dealing with “dangerous lunatics” in the Act was quite unnecessary, and only helped to increase the complexity of an Act otherwise extremely simple. The condition of dangerousness is a symptom common to most, if not all forms of insanity, and a symptom should not have been singled out to form a division of the Act; as well classify them into suicidal, delusional, or hungry lunatics, or indeed, make use of any other adjectival symptom for this purpose. But then the term “dangerous” is a legal one, and it is left to the discretion of the magistrate, whether he shall bring in a plea of “dangerous” or “ordinary,” in any case tried before him for insanity. And here I would say there is still too much publicity attached to the certification of the insane—the patient or his relatives having sometimes to appear before the magistrate to give evidence in open Court, and in the presence of reporters. This publicity, while perhaps good in the abstract, is yet very annoying and distressing to the relations of patients. As the conversion of a lunatic into a “dangerous” one, speaking legally, somewhat complicates the procedure in these cases, magistrates are naturally always glad to evade this method of dealing with a case, and this evasion is apparently encouraged by the Act itself, which recommends that all cases, not dealt with as criminals, should come under part 3, referring to “ordinary” cases, if at all practicable.

Section 1 of the Act 1879, dealing with “dangerous” lunatics, is practically the same as section 7, part 1 of the present Act. Further, any lunatic, dealt with under this section, committed to the gaol by a magistrate, cannot be transferred to an asylum without an order of the Governor, and thus the proper treatment of such cases is unnecessarily delayed.

Again, although the medical officer of an asylum can discharge any case under part 3, provided he certifies that the person may be set at liberty without danger to himself or others, he cannot, of himself, discharge a "dangerous" lunatic without an order from the Governor, obtained only on submitting two medical certificates "that the person is no longer 'dangerous,' and may be set at liberty with safety."

With regard to "criminal" lunatics, the conditions of their detention and discharge depend, in a great measure, on the relationship the insanity bears to the crime. Thus we may have cases where the insanity preceded the crime, or we may have, what rightly implies criminal lunacy, the insanity co-existing with the crime and probably causing it, and finally, we have cases where criminals become insane while undergoing their punishment. The disposal of all criminal lunatics rests ultimately with the Governor, who may order, unconditionally, their discharge; but, in some cases, although the discharge from the asylum is sanctioned, the person now a prisoner, has to return to the gaol to complete his punishment.

There would seem to be some vagueness in the general law dealing with criminal lunatics who are murderers. These cases are detained during the Governor's pleasure, but in the event of mental recovery the question arises—how is the case to be dealt with? He requires asylum treatment no longer, nor should he be returned to gaol to serve a punishment for a crime he was never guilty of—being insane at the time—and it would not be safe to set him at liberty lest a recurrence of the insanity might induce a return of the homicidal tendency. A case bearing upon this subject occurred recently at the Eastern Circuit Court; the jury were instructed to bring in one of two verdicts—either that the man was guilty, or that he was not guilty, *being insane*. One of the jury, evidently dreading lest the prisoner should be ultimately liberated from an asylum, were he adjudged not guilty, (as the evidence pointed to insanity) asked for a guarantee from the Court that the sentence should be a life one. The Court, however, in pointing out the law, explained that in such a case the prisoner would be dealt with by the Governor, and that the Court could give no guarantee that the prisoner would never be liberated. If this is actually the state of matters, surely it is

time that some modification of the law be made to obviate such terrible risks. Then again, speaking of “criminal” lunatics, there should be some sort of classification adopted, so that those whose crime is of a trifling nature—brawling in the streets, or stealing a few apples, for example—should not be classified in the same category as persons who are found guilty of assault, rape, or murder.

It would be wise if, in such cases, the charge could be withdrawn when insanity is ascertained, provided the crime is not one against the person; this would simplify matters considerably, and prevent the obnoxious term “*criminal*” being applied to many who are not actually criminals, unless their insanity may be considered as such.

Part 4 of the Lunacy Act deals with the care and administration of the lunatic’s property; under its provisions, the Court may appoint a curator to manage his affairs so long as he is declared a lunatic. This is, beyond doubt, a wise provision, and shows how carefully guarded, not only is the lunatic’s person, but likewise his property, from abuse. The only objection I have to offer regarding this process is the legal expense attached, and incurred by attorneys, barristers, *et hoc genus*, amounting in some cases to £20 or £30. In the cases of wealthy clients this may be all right, but where the estate is a limited one, it comes hard on the lunatic, who may recover, to have to incur all this expense for a few months’ incarceration, and who may have to repeat the expenditure, to regain control over his own property, when he is no longer insane. As there is a law officer, who is legally the *Curator ad litem* of all lunatics, this formal business might be intrusted to him as part of his duties; in this way the total amount of expenses might, with advantage to the helpless lunatic’s pocket, be reduced considerably.

A brief review of the Lunacy Act will show in what directions it is imperfect; and, from a fairly extensive experience of its working, a few critical remarks and suggestions may not be out of place. It was indeed hoped that something would have been done to amend the Act last session, but other and, perhaps, more pressing duties have deferred this useful legislation.

It should not be forgotten that the population of this Country

is rapidly increasing, and that insanity is likewise on the increase. To judge the necessary requirements, in the way of accommodation, for the insane in a white population is a simple matter, seeing that in all civilised countries one to every 300 or 400 is insane. But in this country we have the coloured population to consider as well, and this is a race that, with few exceptions, is also rapidly on the increase. As insanity is not so prevalent among the coloured as among the white population, perhaps one in 600 or 800 might form a fair proportion. Now with these data, it is a simple matter calculating what our accommodation should be ; and, when this is done, it will be seen what a very serious matter the care of the insane is in this country, and that it is well worthy the grave consideration of our legislators at any time. Any lunacy Act to be satisfactory should facilitate, on the one hand, due protection to the liberty of the subject ; on the other, early treatment in properly managed asylums for the insane.

I think it is now a well recognised law in medicine that, in all the curable forms of insanity early Asylum treatment is most essential. Insanity is a very curable disease, and under the best circumstances from 50 to 60 per cent. recover ; but this curability is, to a great extent, dependent on the method of treatment. In a private house, without the armamentarium of a large Asylum, I doubt whether more than 25 or 30 per cent. would ever get well ; and, so far as asylum statistics prove, the curability of insanity depends mainly upon its duration before admission. A patient, insane one week before admission, has a much better chance of getting well than one who has been insane two years, and who has already exhausted the resources of home treatment, and the patience of his friends and medical attendant.

It is thus seen that in any lunacy legislation, facilities should exist for securing early treatment for the insane. Now, under the present Act this does not obtain, and "red tape" hampers considerably the procedure attending the admission of an ordinary lunatic to an asylum.

A hypothetical case will explain my contention more clearly, and at the same time, show how the provisions of this part of the Lunacy Act are carried out. The wife of a well-to-do man becomes insane ; the husband, in his distress, calls in the family practitioner,

who advises him to see the Magistrate. Perhaps this necessitates a cart journey of many miles, and some delay occurs before the services of the Magistrate are available. He has then to make a sworn declaration as to the alleged insanity of his wife; if the Magistrate is satisfied that the woman is insane he directs two medical men to examine her, and submit a report to him. This again involves the loss of valuable time. On the receipt of the doctors' certificates, the Magistrate issues a summary reception order, which, after being duly copied out in triplicate, together with the other papers, is handed over to the husband, who is then informed that he may remove his wife to the asylum. But before this is done, the Magistrate must communicate with the asylum authorities, to ascertain whether accommodation can be secured, and only if the answer is in the affirmative,—and as often as not it is in the negative—can the patient be removed. Not infrequently there is another delay, and this is the most trying of all; in the hurry to get the patient away, some of the papers (usually the order—the only legal document) are forgotten, the asylum physician refuses to admit the case, and a local Magistrate is approached, perhaps on a Sunday night, when he is at church, to issue a special order, and thus cover the irregularity of the admission. If this is done, good and well; but the Magistrate is within his rights if he refuses to shield the carelessness of his brother official, and, should he do so, then the delay and worry, caused by sending for the deficient papers, is often sufficient to make what was a curable form of disease into a hopeless and incurable one; and the poor husband himself becomes well nigh broken down by these harassing delays—the nature of which he cannot appreciate—and sleepless nights.

Such experiences frequently come under my notice, and convince me that the less we have to do with “red tape” in dealing with diseases, the more it will be to the advantage of the patient. Surely it was not the intention of the legislature that, in the practical working of this Act, such difficulties should arise, and the only way, in my opinion, whereby we can avoid such difficulties is to introduce a clause dealing with cases admitted to asylums under “Emergency Orders.” Emergency order certificates should be supplied to all registered practitioners in the Colony. If a doctor has a patient suffering from an acute attack of mental

disease, and whose condition is such as to necessitate immediate treatment in an asylum, then, on his certifying the same on an emergency order, the patient should be admitted on presentation of this order. Such orders should remain valid only for seven days after admission; and, should it be deemed necessary to prolong the asylum treatment, the ordinary procedure for certifying lunatics must be carried out in the interval.

In some of the Australian Colonies they have what are called "reception houses"—institutions where acute cases of insanity can be sent, for a limited period, without the necessity, and in some cases, disgrace of being certified, or branded a lunatic. Here, if the patient recovers within say a week—well; but if the disease should continue longer, then means are taken to have him removed to an asylum. While hardly feasible in this Colony, I feel this is the ideal method of treating mental disease, and this fact is being recognised in England—that most conservative of countries—for, at a recent meeting of the British Medical Association, the Psychological section passed the following resolution: "that the Section of Psychology recommend that the Council of the British Medical Association should consider the desirability of obtaining for England and Wales some provision for the temporary care of incipient and non-confirmed cases of insanity, similar to that which exists in the Scottish Lunacy Act."

The section of the Scotch Law referred to, deals with the temporary care and treatment, in private houses, of cases of doubtful insanity, and borderland cases, simply on the certificate of one medical man, to the effect that the patient is likely to derive benefit by such treatment. This procedure, sanctioned by law, does away with the necessity, in a great proportion of the cases, of legal certification and the stigma attached thereto.

Failing this plan, or even in cases where these "half-way houses" are not available, there is a large group of cases of mental disturbance—cases that might be considered only on the borderland of insanity—whom the average medical practitioner has some difficulty in certifying. Such patients express themselves as feeling not right, they sometimes fear some impending catastrophe, or they may dread the onset of an irresistible impulse to do something wrong or foolish. "They wish for someone to take their poor, unstable wills from them," as a patient once said to

me ; and there is no place where this can be done better than in an asylum ; for here, surrounded by an intelligent staff, they feel safe from themselves. In such cases surely something should be done, and that at an early stage of the disease ; or are we to delay acting until the patient, by giving way to an uncontrollable impulse, thereby qualifies himself as a “ dangerous ” or “ criminal ” lunatic ? Are we to allow the wandering mind to grope through the mists of the borderland, and lose itself in the utter darkness of madness before we extend a helping hand ? These same patients dread the term “ lunatic ” being applied to them, although they cry out for the shelter and retreat of an asylum ; yet, unless they can be branded lunatics, under the present state of affairs, nothing can be done for them. That there are many such cases all general practitioners can testify, and when asylums are looked upon as hospitals, there will be less hesitation in sending them there. But in the meantime, some legal means should be available for treating such cases, and provision is made for them in most civilised countries—the “ voluntary ” patient being found in most hospitals for the insane. Lunacy legislation should not provide alone for the severest forms of mental disease, but likewise for those mild cases that require hospital treatment, combined with the restraint and discipline of an asylum for the insane. In any new lunacy enactment, a clause should be introduced dealing with this subject, whereby an individual may sign away his liberty, for purposes of asylum treatment, for a limited period ; such document being duly attested by a medical man. This plan would obviate the publicity attending certification in the ordinary way. By such means, in many cases, attacks of insanity might be warded off, and the patient would be the more gratified seeing he had escaped being classified as a “ lunatic.”

There is a very serious defect in the existing Lunacy Act, referring to the duties of the Magistrate in certifying patients ; thus, there is nothing to prevent a Magistrate issuing an order for the detention of a lunatic on medical certificates of a very ancient date ; such omission may result in gross abuse ; for a patient may be incarcerated in an asylum months or years after an attack of insanity, provided the summary reception order is dated recently. And, further, should it be evident to the asylum physician that

a person, on admission, is not insane he has no power to discharge him immediately ; he must either wait until the lapse of the Magistrate's order, or apply for an order of discharge from a Judge, who alone has the power to order the liberation of a person detained under a summary reception order. This in any case entails delay, and it is assuredly hard for a sane person to be detained in an asylum, for some days at least, without any legal redress. It is somewhat anomalous that the medical officer of an asylum can discharge a person detained under a judge's order, although he has no power to discharge him while detained under a summary order, without a certain amount of "red tape" being complied with. I could easily understand the reverse arrangement existing for, assuredly, the judge's order, made to hold good *sine die*, is of more importance than the Magistrate's, which is merely temporary.

It would be advisable to legalise institutions for the detention of imbecile and weak minded children, to enable the authorities to rescue these waifs from neglect, and surround them with the best known methods of educating and training, with the object of making them useful members of society. This could be easily done by the insertion of a clause in the Lunacy Act, legalising buildings devoted to this purpose, and specifying the objects in view, leaving the details to Government officials, and the managers of the institutions concerned.

Provision should be made for the licencing of houses reserved for the reception of certified lunatics, and private asylums. This may not be required at the present time ; but, as the Colony progresses and prospers, I have no doubt some private individuals or companies will see that the sinking of their money in such a scheme, holds out the probability of better dividends than can be obtained by their possessing shares in some bogus gold fields.

The boarding out of suitable harmless cases in private houses is a plan that has been recently advocated by some English lunacy authorities, to reduce the pressure on asylum accommodation and has been adopted in Scotland, where, after many years experience, it has proved a success. Some years ago I suggested this plan in view of the over-crowding of our asylums, and suggested that suitable cases might be sent to

board with private white families, who, from drought, locusts, etc., are so far reduced in circumstances, as to be called "poor whites." There are other causes of poverty among these people—laziness and pride; and until these are overcome, there seems little use encouraging thrift. All the same, some such scheme should be borne in mind and, should the opportunity arise, this means of reducing pressure on asylum accommodation adopted; for the care of the Native insane in this vast country is really too great a burden on the ratepayers if they are all to be treated in asylums, where the appliances for treatment, and the cost of maintaining them, are of the latest and highest.

At the present time there is nothing to prevent a pauper prosecuting a medical man for signing certificates on which he was put in an asylum; and, whatever the result of the trial, the poor doctor is likely to be out of pocket, as well as having his patience tried to the utmost. Now, some protection should be granted to medical men, who, in the discharge of their duties, are called upon to exercise this responsibility. Until this is done, I would advise all doctors, before certifying to any doubtful case, to get the friends of the patient to sign a guarantee that, in the event of any legal proceedings, consequent upon their filling up medical certificates of insanity, they will bear all expenses. With such a document in his possession, the doctor may rest at his ease.

A few hints here to doctors certifying lunatics may not be out of place. These certificates are legal documents, and the instructions contained therein should be carefully attended to. In England, the Commissioners in Lunacy refuse to accept medical certificates where a word is omitted, or where a word is wrongly spelled, or if the evidence contained therein is not explicit enough to indicate unsoundness of mind. We are not so particular in this Country, and I must say that, with a few exceptions, the certificates I receive will compare well, as regards composition etc., with those of the average English practitioner. The exceptions are, however, interesting, and had I the leisure I could write a somewhat amusing paper on this subject. One doctor sometimes certifies that a person is insane, and then go on to say that he can see no evidences of insanity in the case—perhaps because he didn't look for them! Another doctor remarks that the patient

states "he is Lord God Almighty" and then informs us that this is a delusion ! Some doctors like to display their knowledge of insanity on these occasions, and fill up all the available space at their disposal, by a clinical dissertation on the subject of insanity. Occasionally the certificates are mournfully brief, and look as if the certifier knew little of the disease he was certifying to, or at least wished to earn his guinea with as little trouble as possible. Sometimes, on the other hand, every bit of the document is filled up with manuscript, mostly foreign to the information desired. In filling up a medical certificate of insanity, the certifier should remember that they are dealing with a legal document, depriving someone, on their evidence, of his liberty ; that this document comes under the critical observation of both law officers, civil servants, and asylum physicians, and that it is carefully preserved, and may at any time be used as evidence in a court of law. It is recommended, therefore, that great care be exercised in writing out a lunacy certificate ; the evidence stated therein should be concise and plain, consistent with clearness of meaning, and a certifier should neither dogmatise, diagnose, or appear unnecessarily scientific.

In any amendment to the Lunacy Act, special provision should be made for the pensioning of those engaged in the personal care of the insane, as it is admitted this work is accompanied by more risks to life and limb than many of the other employments under the Government. I think it is a distinct hardship that those who are daily exposed to the dangers that are common to association with the insane, should be placed on the same footing—as regards pension and other privileges—as other civil servants, and this state of affairs can only be remedied by special legislation. In England, the public asylums are under the management of the different corporations and county councils, and provision is made for granting pensions to asylum employees on a much more liberal scale than it is in this country. Here four per cent. of one's salary is deducted as contributions to a pension fund ; and the scale of granting pensions is only one-sixtieth for every year of service ; whereas, in England no contributions are asked for, and the rate of pension may be two-thirds of the salary and emoluments, after only fifteen years' service, the applicant having attained the age of fifty. I would here

point out that the retiring age for asylum employees is sixty years ; whatever may be the proper age for retirement in other departments of the service, most assuredly a man fifty-nine years of age is much too old to have anything to do with the care and management of the insane.

In this country special pensions are awarded to those engaged in employments where the risks to life are above the average, and I am at a loss to understand why asylum officials—the duration of whose lives are admittedly under the average—should not have been included in this category.

A few remarks on the Chronic inebriate and the methods of dealing with him, may well be made in this place ; as, last session, an Act was passed authorising his detention (voluntary, unfortunately) in institutions specially reserved for such cases. He is a curious individual—the chronic inebriate ! he is neither insane or sane. No doctor will certify him, and yet it is admitted on all hands that such an individual is a source of danger to himself, as well as sometimes to others. He is usually sent to a general hospital to undergo treatment for his drinking habits ; and, in the intervals of the doctor's visits, he avails himself of the opportunity to patronise the nearest hotel ! Undoubtedly the lax methods of restraint in an hospital are not suited for the treatment of such cases, and many more would be sent to an asylum, were it not that they dread the opprobrium attached to the fact that they had been inmates of such an institution. In England, an attempt has been made to treat such cases in the hydropathics, but the demand for, and supply of, hot water, for shaving purposes, at unusual and frequent intervals, generally to be consumed in the patients' bedrooms, mixed with some form of spiritous liquor, is surely not one of the recognised means of treating this disease by those who advocate the hydropathic method of treatment !

There is a strong feeling in this country of the need of specially constructed institutions for the treatment of inebriates ; unfortunately, in the Bill, passed last session, no provision is made for State support to “homes for inebriates,” and their erection and maintenance appears to have been left to private speculation or public philanthropy. Now, so far as the speculative aspect of the question is concerned, I fear professional speculators have been so often bitten in “gold and diamond shares,” that they will weigh

well this matter, ere they sink their money in this rather Utopian project, even to save their drunken relatives ; and philanthropy is not so keen, in a money-making country, as to raise our hopes that fine asylums for drunkards are likely to be built in our time.

The white population of the Cape Colony—including “poor whites”—may be taken roughly at 400,000, and it is from these the inebriate patients are likely to come, for I presume no provision is made for the Native drunkard. Of these a very small proportion would be able to pay for their maintenance, for before any drunkard will voluntarily give up his liberty his pocket must be very empty, or he must be very insane—it is not in the nature of the inebriate to do such a thing until he has completely sown his wild oats. Further, it is not the millionnaires who are likely to patronise such institutions in this country ; therefore, without State aid, such a scheme is not likely to succeed financially.

The cost of maintaining institutions of this nature will be heavy ; a large staff will be necessary, and the Act provides for the regular attendance of the medical man, if one is not actually in residence. I fail to see how such a scheme—beneficial as it would be to a limited number of sensible drunkards—can be successfully worked out, without State aid ; Dr. Dodds suggests that, for want of State built and State supported hospitals, which he rightly considers the best for such cases, the present asylums might be made available. These cases could be admitted as voluntary patients, under the provisions of the Inebriates Act, and a special ward set apart for them. By and bye, should the number increase, a small hospital, built on the asylum property and under the same management, is more practicable, and could be more economically managed than, if the building were apart from the asylum, and under separate management.

In conclusion, there are many other points referring to lunacy legislation, and treating of the care and management of the insane in this country, that might be dealt with, but I trust I have said enough to convince you that the legislation on this subject requires amendment ; and, in the interests of our helpless brothers and sisters, detained in our asylums on account of the saddest disease flesh is heir to, I would impress upon the Government of this country to continue in the good work they have entered

upon, in increasing ~~and~~ providing improved accommodation, and in passing such legislation as will facilitate the treatment of this disease ; and, as an encouragement in their efforts to carry out this noble and philanthropic work, they may remember that “ Nations are never impoverished by the munificence of their charities.”

As a result of the reading of this paper and the discussion following the following resolutions were passed, and the Secretary to the Congress was instructed to forward them to the various Governments of South Africa :—

(1). “That greater facilities be allowed in the Lunacy Act for the early admission to asylums of ordinary cases of insanity.”

(2). That, in the opinion of this Congress, homes for inebriates should be provided and maintained by the State for the compulsory detention and treatment of such cases.”

